

**Cardroom Key Employee Supplemental
Information for State Gambling License**

DGC-APP. 016A (Rev 09/09/04)


**DEPARTMENT OF JUSTICE
DIVISION OF GAMBLING CONTROL**

(916) 263-3408

(916) 263-3403 facsimile

CARDROOM KEY EMPLOYEE
SUPPLEMENTAL INFORMATION FOR STATE GAMBLING LICENSE

Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with "N/A (Not Applicable)." If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question number. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.

PLEASE SEND THE COMPLETED SUPPLEMENTAL BACKGROUND INFORMATION, ALONG WITH THE APPLICATION FOR A STATE GAMBLING LICENSE, A \$500 NON-REFUNDABLE APPLICATION FEE AND A \$1,200 DEPOSIT IN A SUM OF MONEY THAT, IN THE JUDGMENT OF THE DIRECTOR OF THE DIVISION, WILL BE ADEQUATE TO PAY THE ANTICIPATED INVESTIGATION AND PROCESSING COSTS, IN ACCORDANCE WITH BUSINESS AND PROFESSIONS CODE SECTION 19867 TO: California Gambling Control Commission, P.O. Box 526013, Sacramento, CA 95852-6013.

PART I - PERSONAL HISTORY INFORMATION

A. PERSONAL

1. Full Name: _____

Last
First
Middle
2. Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise: _____
3. Date of Birth: _____
4. Place of Birth: _____

City
County
State
Country
5. Residence Address: _____

Street
City
County
State
Zip
6. Telephone: Residence: (____) _____ Business: (____) _____
7. Social Security Number*: _____
8. Driver License or Identification Card No./State Issued: _____
9. Eye Color: _____ Hair Color: _____ Weight: _____ Height: _____
10. Distinguishing marks (scars, tattoos, etc.). Describe and indicate location: _____
11. Gender: Male ☐ Female ☐

*Applicants are required to provide their social security number. This requirement is authorized by Business and Professions Code section 19841(a)(2), 19864(b)(6), and 19865. This information is used to obtain records relevant to background investigation.

AFFIX A
PASSPORT QUALITY
PHOTOGRAPH
TAKEN WITHIN THE
LAST 30 DAYS
HERE

Date of Photograph _____

B. CITIZENSHIP (provide copy of resident alien card (front and back) or certificate of naturalization)

Are you a United States citizen? Yes No If alien, **Alien** No.: _____

If naturalized, Certificate No.: ☐ ☐ Date Naturalized: _____

Alien No.: _____

C. MARITAL STATUS

1. Current Marital Status:

Single Married Separated Divorced Widowed

2. Current ☐ Spouse Information: ☐ ☐ ☐

Full Name: _____
Last First Middle Maiden

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____

Residence Address (if different from applicant): _____

Telephone: Residence: (____) _____ Business: (____) _____

Employer: _____ Occupation: _____

Address of Employer: _____
Street City State Zip

3. Former Marriage(s):

Name of Former Spouse(s) (Last, First, Middle, Maiden)	Dates of Marriage (From - To)	Telephone Number

D. FAMILY

1. Children and Dependents:

Provide the following information for each of your children (including birth, step, adopted, and foster children) and other dependents. ☐ ☐

Name (Last, First, Middle, Maiden)	Date of Birth	Residence Address	Relationship	Occupation

2. Co-habitants and Roommates:

Provide the following information for any adults, not disclosed in question D1, with whom you reside.

Name (Last, First, Middle, Maiden)	Date of Birth	Employer/Occupation	Employer Address & Telephone	Relationship

E. EDUCATION

Name of School	Location (City/State)	Dates of Attendance	Degree/Certificate Obtained
High School			
College/University			
Other			

F. MILITARY (include copy of DD214)

1. Have you ever served in any armed forces: Yes No

If Yes, Country Served: _____ Branch: _____

Dates of Service (From-To): _____ ☐ ☐ Type of Discharge: _____

Rank/Rating at Separation: _____ Serial Number: _____

2. While in the military service, were you ever convicted of any offense or formally disciplined: Yes No

If yes, provide complete details: _____

G. RESIDENCE

Beginning with your current residence, list all residences you have had for the last 10 years.

Month and Year (From-To)	Street	City	State	Zip	Rent/Own (check one)
					Own ____ Rent ____
					Own ____ Rent ____
					Own ____ Rent ____
					Own ____ Rent ____
					Own ____ Rent ____
					Own ____ Rent ____
					Own ____ Rent ____
					Own ____ Rent ____
					Own ____ Rent ____
					Own ____ Rent ____
					Own ____ Rent ____
					Own ____ Rent ____
					Own ____ Rent ____

H. EMPLOYMENT

Beginning with your current employment, list your work history, including all periods of unemployment for the past 10 years.

Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer /Business		Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ____ No ____	

Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer/ Business		Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ____ No ____	

Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer /Business		Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related ? Yes ____ No ____	

Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer /Business		Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ____ No ____	

Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer /Business		Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ____ No ____	

I. BUSINESS INTERESTS

List all businesses, corporations, and partnerships with which you are currently or have been associated as an owner, officer, director, active shareholder, partner or other related capacity for the past 10 years.

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business			Name of Corporation/Partnership
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business			Name of Corporation/Partnership
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business			Name of Corporation/Partnership
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business			Name of Corporation/Partnership
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business			Name of Corporation/Partnership
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____

J. CONVICTION, LITIGATION, AND ARBITRATION

1. Have you **ever** been convicted of a felony? (Convictions dismissed under Penal Code section 1203.4 must be disclosed, unless an order sealing records under Penal Code section 1203.45 relating to persons under 18 years of age has been issued). Yes ☐ No ☐
2. Have you been convicted of a misdemeanor within the last 10 years? (Convictions dismissed under Penal Code section 1203.4 must be disclosed unless an order sealing records under Penal Code section 1203.45 relating to persons under 18 years of age, has been issued). Yes ☐ No ☐
3. Are you currently on probation? Yes ☐ No ☐
4. Have you **ever** engaged in bookmaking or other illegal gambling activities? Yes ☐ No ☐

5. Have you **ever** been found guilty of (criminal or administrative) violating any campaign law(s)? Yes ☐ No ☐

If your answer to J1-5 was yes, provide the following details.				
Date	Arresting Agency City & State	Original Charge	Final Charge (if amended or reduced)	Disposition

6. Has a criminal indictment, information, or complaint ever been returned against you which you have not included in J1-5 above? Yes ☐ No ☐

If yes, provide complete details: _____

7. Have you received a pardon for any criminal offense? Yes ☐ No ☐

If yes, provide complete details: _____

8. Have you, as an individual, member of a partnership, shareholder, director, or officer of a corporation, been party to a lawsuit or arbitration within the last 10 years? Yes ☐ No ☐

If your answer to J8 was yes, provide the following details:				
Name(s) of Plaintiff(s) & Defendant(s) Name(s) of Claimant(s) & Respondent(s)	Date Filed	State or Federal Court & Case Number	City, County & State	Disposition/Date
Brief Explanation of Issues:				
Brief Explanation of Issues:				
Brief Explanation of Issues:				

K. CHARACTER REFERENCES

List five individuals who you have known for at least five years. Do not include relatives, present employer, or other gambling establishment employees.

Name & Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	Home					
Occupation/Employer	Business Telephone Number					
Name	Home					
Occupation/Employer	Business Telephone Number					
Name	Home					
Occupation/Employer	Business Telephone Number					
Name	Home					
Occupation/Employer	Business Telephone Number					
Name	Home					
Occupation/Employer	Business Telephone Number					

L. LICENSING

- Have you **ever** been granted, denied, or revoked a gambling registration, license, or related finding of suitability, or been a participant in any group which has been issued a gambling registration, license, or related finding of suitability in any state or a permit, badge, or license to own, operate, or work in a gambling establishment?
Yes No

If your answer to L1 was yes, provide the following details:				
Government Agency	Type of Application	Permit/Badge/License Number	Approved/Denied Revoked	Dates Held or Denied or Revoked

If denied or revoked, provide reasons for denial or revocation: _____

- Have you **ever** withdrawn or surrendered an application for a gambling registration, license, or related finding of suitability or been a participant in any group which has withdrawn or surrendered an application for a gambling registration, license, or related finding of suitability in any state? Yes No

If your answer to L2 was yes, provide the following details:		
Gambling Establishment Name & Address	Licensing Agency <input type="checkbox"/>	Date & Reason(s) for Withdrawal <input type="checkbox"/>

3. Have you **ever** held a financial interest in a gambling venture, including, but not limited to: gambling establishment (cardroom), race track, race horse/dog, lottery, casino, bookmaking operation, pari-mutuel operation, or bingo parlor? Yes No

If your answer to L3 was yes, provide the following details:			
Name & Location of Business	Type of Venture <input type="checkbox"/>	Dates of Involvement	Names of All Partners

4. Have you **ever** applied for a privileged registration, professional license, certificate, or credential (other than gambling) in any state, including, but not limited to, the following:

Alcoholic Beverage License	Lawyer	Race Horse/Dog Owner	Securities Dealer
Real Estate Broker or Sales	Doctor	Notary Public	Contractor
Accountant	Boxing Promoter	Trainer or Manager	Pilot

Yes No

If your answer to L4 was yes, provide the following details:				
Type of License <input type="checkbox"/>	Licensing Agency <input type="checkbox"/>	License Number	Approved/Denied	Dates Held or Reasons for Denial

5. Have any disciplinary or revocation actions **ever** been taken, or are any actions pending, against the aforementioned registration(s), license(s), certificate(s), credential(s) and/or any gambling related permit(s), badge(s), registration(s), or license(s)? Yes No

If your answer to L5 was yes, provide the following details:				
Licensing Agency	License Number	Date of Action <input type="checkbox"/>	Nature of Action (e.g., revocation, denial) <input type="checkbox"/>	Disposition (e.g., revoked, fined, probation)

PART II - PERSONAL FINANCIAL INFORMATION

- A. Have you filed bankruptcy **within the last 10 years**? Yes No

If yes, identify the Federal District Court where the bankruptcy was filed, case number, date filed, and describe the

circumstances which resulted in this action. Provide copies of your bankruptcy petition and order which lists all creditors and discharged debts.

- B. Have any individuals or governmental agencies filed liens against you as an individual, sole proprietor, member of a partnership, or owner of a corporation **within the last 10 years**? Yes No

If yes, provide complete details: _____

☐ ☐

- C. Have you had any purchase repossessed or debt turned over to collection for any reason within the last 10 years? Yes No

If yes, provide complete details: _____

☐ ☐

- D. Do you own or control any assets or liabilities located outside the United States? Yes No

If yes, provide complete details: _____

☐ ☐

- E. Has your state or federal income tax return **ever** been audited or adjusted? Yes No

If yes, provide complete details: _____

☐ ☐

- F. Last federal income tax return was filed on _____ for the

Month/Year

tax year 20____ at _____

City

State

- G. Last state income tax return was filed on _____ for the

Month/Year

tax year 20____ at _____

City

State

H. GROSS ANNUAL INCOME

Type of Income	Amount
Current Annual Gross Income	\$
Business Income	\$

Interest Income	\$
Dividend Income	\$
Rental Income	\$
Child Support	\$
Gifts	\$
Spousal Support/Alimony	\$
Other (Specify, i.e. Spousal Income)	\$
Other (Specify)	\$
TOTAL	\$

I. STATEMENT OF ASSETS As of: _____, 20__.

From the following schedules of assets, list the total value of all assets, both tangible and intangible, as of the date of this application. All assets must be listed and described fully on the corresponding schedule.

	Current Market Value
ASSETS:	
Cash (Total from Schedule "A")	\$ _____
Accounts and Notes Receivable (Total from Schedule "B")	\$ _____
Stocks and Bonds (Total from Schedule "C")	\$ _____
Business Investments (Total from Schedule "D")	\$ _____
Real Estate (Total from Schedule "E")	\$ _____
Other Assets (Total from Schedule "F")	\$ _____
TOTAL ASSETS	\$ _____

J. STATEMENT OF LIABILITIES As of: _____, 20__.

From the following schedules of liabilities, list the total of all liabilities ~~as of the date of this application~~. All liabilities must be listed and described fully on the corresponding schedule.

	Present Balance
LIABILITIES:	
Accounts Payable (Total from Schedule "G")	\$ _____
Taxes Payable (Total from Schedule "H")	\$ _____
Notes Payable (Total from Schedule "I")	\$ _____
Mortgages Payable (Total from Schedule "J")	\$ _____
Contingent and Other Liabilities (Total from Schedule "K")	\$ _____
TOTAL LIABILITIES	\$ _____

STATEMENT OF ASSETS

SCHEDULE "A"

Cash

List all cash you have and where it is located, e.g., bank accounts (foreign and domestic), safe deposit boxes, home and office safes, etc.

[illegible]

STATEMENT OF ASSETS

SCHEDULE "B"

Accounts and Notes Receivable

List all accounts and notes receivable held by you.

Name & Address of Debtor	Date Acquired	Maturity Date	Collateral	Interest Rate	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Amount	Unpaid Balance
						TOTAL \$	

STATEMENT OF ASSETS

SCHEDULE "C" Stocks and Bonds

List all stocks and bonds held or controlled by you. Whenever interest exists through a mutual fund or holding company, the stocks held by such mutual fund or holding company need not be listed. Whenever such interest exists through a beneficial interest in a trust, the stocks and bonds held in such trust must be listed.

Issuer	Account Number	Type	No. of Shares or Units	Name(s) in Which Held	Current Market Value
TOTAL \$					

STATEMENT OF ASSETS

SCHEDULE "D" Business Investments

List any business investments in which any direct, indirect, vested, or contingent interest is held by you, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein. This should include, but not be limited to, joint ventures, partnerships, sole proprietorships, and corporations.

Entity Name	Type of Equity	No. of Shares or Units	Percent of Ownership	Individuals or Entities Sharing Interest & Percentage Ownership	Name in Which Held	Date of Purchase	Purchase Price	Current Market Value
TOTAL \$								

STATEMENT OF ASSETS

SCHEDULE "E"

Real Estate

List any real property in which you hold any direct, indirect, vested, or contingent interest.

Property Portfolio Summary - Q3 2024						
Address/Location/Parcel Number	Type (Residential/Commercial)	Percentage of Ownership	Date of Purchase	Income	Purchase Price	Current Market Value
TOTAL \$						

STATEMENT OF ASSETS

SCHEDULE "F"

Other Assets

List all other assets you hold (e.g., automobiles, jewelry, artwork, household furnishings, cash surrender value of life insurance policies, pension plans, etc.).

Type of Asset	Other Information (e.g., Year/Make/Model)	Date of Purchase	Purchase Price	Current Market Value
			TOTAL \$	

STATEMENT OF LIABILITIES

SCHEDULE "G"
Accounts Payable
(Revolving Accounts/Credit Cards)

List all open accounts payable for which you are obligated.

Name & Address of Creditor	Account Number	Credit Limit	Monthly Payment	Unpaid Balance
			TOTAL \$	

STATEMENT OF LIABILITIES

SCHEDULE "H"

Taxes Payable

List all unpaid taxes for which you are obligated.

Name of Creditor (e.g., Franchise Tax Board/Internal Revenue Service/Board of Equalization, etc.)	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Amount	Unpaid Balance
			TOTAL \$	

STATEMENT OF LIABILITIES

SCHEDULE "T"

Notes Payable

List all notes payable for which you are obligated.

Name & Address of Creditor	Date Incurred	Collateral	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Note Amount	Unpaid Balance
					TOTAL \$	

STATEMENT OF LIABILITIES

SCHEDULE “J”
Mortgages Payable

List all mortgages or liens on real estate for which you are obligated.

[illegible]

SCHEDULE “K”

Contingent and Other Liabilities

List any other indebtedness or contingent liability for which you are obligated (e.g., spousal support, alimony, child support, co-signer on a loan, pending litigation, etc.).

Name & Address of Creditor	Date Incurred	Collateral	Description of Liability & Account Number	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Amount	Unpaid Balance
TOTAL \$						

DECLARATION

I, _____, declare that I have read the foregoing Cardroom Key Employee Supplemental Information for State Gambling License and ~~know the~~ understand its contents, ~~thereof, that the~~ My statements ~~contained herein~~ are true and correct and contain a full and true account of the information requested, ~~that~~ I executed this declaration with the knowledge that any misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial of an application or revocation of a key employee license, finding or permit, ~~and, further, that~~ I have familiarized myself with the contents of the California Gambling Control Act (Business and Professions Code section 19800 et seq.), and the Regulations of the California Gambling Control Commission (California Code of Regulations, Title 4) and the Regulations of the Division of Gambling Control (California Code of Regulations, Title 11) as ~~promulgated thereunder~~ adopted and agree to abide ~~thereby~~ by them.

I expressly waive, release, and forever discharge the State of California and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors, can, shall, or may have against the State of California and its agents, relating to this Cardroom Key Employee Supplemental Information for State Gambling License.

I declare under penalty of perjury under the laws of the State of California, that the forgoing is true, correct, and complete.

Date: _____, 20____

Printed Name

Signature